

Hair Treatments

This sheet is about exposure to hair treatments in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

What are the different types of hair treatments?

Coloring, curling (permanents), bleaching, and straightening (relaxers) are some types of hair treatments.

For this fact sheet, hair coloring includes temporary dyes, semi-permanent dyes, and permanent dyes. Common chemicals used in hair dyes have been hydrogen peroxide, ammonia, and alcohols.

For hair curling or permanent wave, the most common chemicals used have been ammonium thioglycolate and ammonia. Hair bleaching chemicals have hydrogen peroxide. Hair straighteners (relaxers) use a variety of chemicals such as ammonium thioglycolate, or in older preparations, sodium hydroxide.

Any of these chemicals might irritate the skin, nose, and throat. A strong smell does not mean that you are having a high level of exposure.

Hair treatments that are not made in the United States (U.S.) might have dangerous substances or contaminants such as heavy metals, including lead, cadmium, nickel, arsenic, or mercury. In the U.S. the amount of metals allowed in cosmetics is regulated.

Hair treatments are regulated as cosmetics by the U.S. Food and Drug Administration (FDA). Cosmetics do not need FDA approval before they go to the market.

Do I absorb hair coloring/dye through my skin?

Under normal conditions, the amount of dye that is absorbed by the healthy skin of the scalp is small. The amount that can be absorbed depends on the health of the skin, the levels (dose) of active ingredients, the area exposed (how much skin comes in contact with the solutions) and how often you use it. Some hair treatments, such as highlights, lowlights, frosting and streaking, where the dye/color is applied directly on to the hair shaft, do not touch the skin. If used/applied as recommended by the manufacturer, it is unlikely that large amounts of these products would be absorbed into the body.

I get/perform hair treatments. Can it make it harder for me to become pregnant?

A meta-analysis of 19 studies reviewing the reproductive outcomes of hairdressers and cosmetologists reported a small increased chance for the time it took to get pregnant. Work settings and personal health and habits can be different among hairdressers and cosmetologists. For example, work places can differ in: types and mixtures of chemicals used, work conditions, ventilation, and working hours. Therefore, it is difficult to know if the job or other factors could make it harder to get pregnant.

Does getting/performing hair treatments increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if having hair treatments increases the chance of miscarriage in humans. Studies in laboratory animals exposed to dyes at levels 100 times higher than normally used in humans did not suggest a greater chance for miscarriage.

However, there are hair straightening treatments that can release a chemical called formaldehyde (also known as formalin and methylene glycol) into the air when heated. Studies have suggested an increased chance for miscarriage among people who work around formaldehyde.

Does getting/performing hair treatments increase the chance of birth defects?

Every pregnancy starts with 3-5% chance of having a birth defect. This is called the background risk. Based on the studies reviewed, getting or performing hair treatments is not expected to significantly increase the chance for birth defects when used correctly.

Does getting/performing hair treatments increase the chance for pregnancy complications?

Some studies have suggested that working as a cosmetologist or hairdresser might increase the chance for preterm delivery (birth before week 37) or having a baby that is smaller than expected (small for gestational age). Work settings and personal health and habits can be different among hairdressers / cosmetologists. For example, work places can differ in types and mixtures of chemicals used, work conditions, ventilation, and working hours. Therefore, it is difficult to know if the job or other factors were related to these findings in some studies.

Does getting/getting hair treatments in pregnancy affect future behavior or learning for the child?

We did not find any studies that addressed behavior or learning for the child. Therefore, it is not known if there is an increased chance of long-term problems for children exposed to hair treatments during pregnancy. While data is limited, there are reports on pregnancy outcomes of hairdressers and shop assistants. No increased chance for problems in their children were reported.

I work as a cosmetologist/hairdresser. Is there anything I can do to reduce exposures at work?

All studies support the importance of proper working conditions. Working in a well-ventilated area, wearing protective gloves, taking frequent breaks, practicing safe handling and storage of hair care products, and avoiding eating or drinking in the workplace are all important factors that can lower chemical exposures.

MotherToBaby has a general fact sheet on workplace exposures and ways to reduce potential exposures at <https://mothertobaby.org/fact-sheets/reproductive-hazards-workplace/>. Your worksite should provide the manufacturer's Safety Data Sheets (SDS) on all chemicals and proper personal protection for all parts of your job. Be certain to use them, even when not pregnant. By working in proper conditions, it can decrease the chemical exposures that can come from working and being around hair products.

If you perform hair treatments at home by yourself, it is important to follow all safety measures listed on the product label / instructions, work in a well-ventilated area, and wear the correct type of gloves.

Breastfeeding while performing/getting hair treatments:

We did not find studies looking at performing or getting hair treatments while breastfeeding. When used properly, it would be unlikely that large amounts of hair care chemicals would enter the breast milk because so little would get into the blood of the person getting or performing hair treatments. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male performs/gets hair treatments, can it make it harder to get a partner pregnant or increase the chance of birth defects?

It is not known if hair treatments would affect could affect male fertility or increase the chance of birth defects. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information,

please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Selected References:

- Blackmore-Prince C, et al 1999. Chemical hair treatments and adverse pregnancy outcome among Black women in central North Carolina. *Am J Epidemiol* 149:712-716.
- Borowska S, et al. 2015. Metals in cosmetics: implications for human health. *J Appl Toxicol*. 35: 551-572
- Burnett C, et al. 1976. Teratology and percutaneous toxicity studies on hair dyes. *J Toxicol Environ Health* 1:1027-1040.
- DiNardo JC, et al. 1985. Teratological assessment of five oxidative hair dyes in the rat. *Toxicology and Applied Pharmacology* 78:163-166.
- Gallicchio L, et al. 2010. Health outcomes of children born to cosmetologists compared to children of women in other occupations. *Reprod Toxicol* 29:361-365.
- Ghazarian AA. et al. 2018. Maternal use of personal care products during pregnancy and risk of testicular germ cell tumors in sons. *Environ Res*. 164:109-113.
- Guerra-Tapia A, et al. 2014 Hair Cosmetics: Dyes. *Actas Dermosifiliogr*. 105(9):833-839.
- Goebel C, et al. 2012. Quantitative risk assessment for skin sensitisation: Consideration of a simplified approach for hair dye ingredients. *Regul Toxicol Pharmacol*. 64 :459-465.
- Haraux E, et al. 2016. Maternal exposure to domestic hair cosmetics and occupational endocrine disruptors is associated with a higher risk of hypospadias in offspring. *Int J Environ Res Public Health* 14(1).
- Herdt-Losavio ML et al. 2009. The risk of congenital malformations and other neonatal and maternal health outcomes among licensed cosmetologists. *Am J Perinatol* 26:625-631.
- Henrotin JB, et al. 2015. Reproductive disorders in hairdressers and cosmetologists: a meta-analytical approach. *J Occup Health*. 57: 485-496.
- Inouye M. and Murakami U. 1976. Teratogenicity of 2,5-diaminotoluene, a hair dye component, in mice. *Teratology* 14:241-242.
- John EM, et al. 1994. Spontaneous abortions among cosmetologists. *Epidemiol* 5:147-155.
- Kersemaekers WM, et al. 1996. Reproductive disorders among hairdressers. *Epidemiol* 8:396-401.
- Ki-Hyun K, et al. 2016. The use of personal hair dye and its implications for human health. *Environ Int*. 89-90:222-227.
- Kim D. et al. 2016. Reproductive disorders among cosmetologists and hairdressers: a meta-analysis. *Int Arch Occup Environ Health*. 89(5):739-53.
- Kojima R, et al. 2021. Association between gestational hair dye use and allergies at 3 years old: the Japan environment and Children's study. *Environ Res*. 201:111530.
- Maibach HI, et al. 1975. Percutaneous penetration following use of hair dyes. *Arch Dermatol* 111:1444-1445.
- Marks TA, et al. 1979. Teratogenicity of 4-nitro-1,2-diaminobenzene (4NDB) and 2-nitro-1,4-diaminobenzene (2NDB) in the mouse. *Teratology* 19:37A-38A.
- Marks TA, et al. 1981. Teratogenic evaluation of 2-nitro-p-phenylenediamine, 4-nitro-o-phenylenediamine, and 2,5-toluenediamine sulfate in the mouse. *Teratology* 24:253-265.
- Occupational Safety and Health Administration (OSHA). 2011. Hair Smoothing Products That Could Release Formaldehyde. Hazard Alert Update. Available at: https://www.osha.gov/sites/default/files/publications/hazard_alert.pdf [Accessed 2022].
- Peretz J, et al. 2009. Infertility among cosmetologists. *Reprod Toxicol*. 28(3):359-64.
- Quach T, et al. 2015. Adverse birth outcomes and maternal complications in licensed cosmetologists and manicurists in California. *Int Arch Occup Environ Health*. 88:823-833.
- Quiros-Alcala L. et al. 2019. Occupational Exposures Among Hair and Nail Salon Workers: a Scoping Review. *Curr Environ Health Rep*. 2019 Dec;6(4):269-285.

- Rylander L, et al. 2002. Reproductive outcome among female hairdressers. *Occup Environ Med* 59:517-522.
- Siegel MR, et al. 2022. Maternal occupation as a nail technician or hairdresser during pregnancy and birth defects, National Birth Defects Prevention Study, 1997-2011. *Occup Environ Med*. 79(1):17-23.
- Shishavan MK, et al. 2021. The Association of Hair Coloring During Pregnancy with Pregnancy and Neonatal Outcomes: A Cross-sectional Study. *International Journal of Women's Health and Reproduction Sciences* Vol. 9, No. 2, 130–135
- U.S. Food and Drug Administration (FDA). 2022. Hair Smoothing Products That Release Formaldehyde When Heated. <https://www.fda.gov/cosmetics/cosmetic-products/hair-smoothing-products-release-formaldehyde-when-heated>. [Accessed 2022].
- U.S. Food and Drug Administration (FDA). 2022. Cosmetics & Pregnancy. <https://www.fda.gov/cosmetics/resources-consumers-cosmetics/cosmetics-pregnancy>. [Accessed 2022]
- U.S. Food and Drug Administration (FDA). 2022. Hair Products <https://www.fda.gov/Cosmetics/ProductsIngredients/Products/ucm127988.htm>. [Accessed 2022]
- Zanon, TB, et al. 2014. Basic Red 51, a permitted semi-permanent hair dye, is cytotoxic to human skin cells: Studies in monolayer and 3D skin model using human keratinocytes (HaCaT). *Toxicol Lett*. 5;227(2):139-49.
- Zhu JL et al. 2006. Pregnancy outcomes among female hairdressers who participated in the Danish National Birth Cohort. *Scand J Work Environ Health* 32(1):61-66.
- Zota AR, et al. 2017. The environmental injustice of beauty: framing chemical exposures from beauty products as a health disparities concern. *Am J Obstet Gynecol*. 2017 217(4):418-422.

